## Title IV-E Reimbursement Program for Legal Services CY \_\_\_\_\_ Fiscal Worksheet

County HSD/SSD: Contact Person: Telephone/Email

CHIPS/OHC

TPR/Adoption
TOTAL
EXPENSES

•				
Legal Service I	Provider:			
Contract Person(s): Telephone/Email				
Projected	Match	Title IV-E	Title IV-E	Total
Expenses	Funds	CHIPS/OHC	TPR/Adoption	
			•	
0.14.4.1				
Subtotals –				

Note: The Title IV-E reimbursement limit for CHIPS and Out-of-Home Care (OHC) activities is 33% of the total costs. The Title IV-E reimbursement limit for TPR and Adoption activities is limited to 40% of total costs. The IV-E limits do not apply to each line item. Line items can be funded by either 100% match, 100% IV-E, or a mix of both funds as long as the IV-E share of the total costs is within the percentage limit. Please use your best estimate in allocating expenses to TPR or Adoption. If actual expenses exceed the estimated amounts, a contract amendment can be issued during the year to modify these amounts.

1. Describe the local sources of funds used as match for the IV-E reimbursement:

2. Describe the method that will be used to keep track of legal services staff time devoted to IV-E reimbursable activities.

## Title IV-E Reimbursement Program for Legal Services CY \_\_\_\_\_ Program Plan

Ind	licate which types of legal services are included in the IV-E reimbursement program: CHIPSGuardianship TPROut-of-Home Care Placements Other (describe below)
1.	Describe how the IV-E reimbursement will be used to improve child welfare legal services. How will the expanded legal services improve safety and permanency outcomes for children?
2.	If staff costs are included in the budget, describe what positions are included, duties of the positions as they relate to IV-E legal services, amount of time the positions will spend on IV-E related activities, and whether the positions are existing or new. For new positions, explain what actions are necessary to create the position authority and the expected start date for the new staff.
3.	For expenses, other than personnel, please provide specific information as to type of activity, amounts, and how the activity will expand/enhance IV-E legal services. (For example, if you are claiming funding for training, identify the type of training, who will be trained, how much training they will receive, and how it will benefit IV-E legal services.)

## Title IV-E Reimbursement Program for Legal Services Program Assurances

## Legal Services Agreement: Has an agreement between the human/social services department and the agency providing child welfare legal services been completed? \_\_\_\_\_ What is the effective period of the agreement? Date of the last update to agreement: Attach a copy of the current agreement to the application. Cost Allocation Method: Has the method for allocating legal staff and other costs to the legal services reimbursement program been reviewed by the county human/social services agency? Will the agency providing legal services report information on a regular basis to support the costs for which IV-E reimbursement is claimed? \_\_\_\_\_ Signatures: Human/Social Services Department: Name Date Title Legal Services Agency: Name Date

Title